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From: Winston Hsu, Registration No. 41,526

Serial No.: 10/605,651

Attorney Docket No.: ACMP0143USA

Subject: Response to the Office Action mailed on 06/06/2005

Total Pages: 12 pages (including cover page)

Winston Hsu 09/05/2005

ACMP0143USA0_A2_1

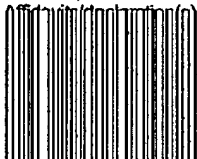
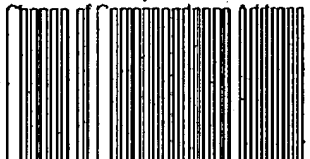
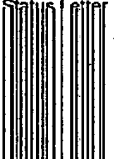
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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/605,651	
	Filing Date	10/15/2003	
	First Named Inventor	Chao-Hua Lin	
	Art Unit	2683	
	Examiner Name	DOAN, KIET M	
Total Number of Pages in This Submission	11	Attorney Docket Number	ACMP0143USA

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/>	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/>
		

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PTO/SB/17 (12-04)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known Application Number 10/605,651 Filing Date 10/15/2003 First Named Inventor Chao-Hua Lin Examiner Name DOAN, KIET M Art Unit 2683 Attorney Docket No. ACMP0143USA	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 0.00			

METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 50-3105 Deposit Account Name: North America Intellectual Property Corp. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.	
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FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES																																			
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)																												
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)																													
Utility	300	150	500	250	200	100																													
Design	200	100	100	50	130	65																													
Plant	200	100	300	150	160	80																													
Reissue	300	150	500	250	600	300																													
Provisional	200	100	0	0	0	0																													
2. EXCESS CLAIM FEES																																			
Fee Description	Fee (\$)	Small Entity Fee (\$)																																	
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25																																	
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100																																	
Multiple dependent claims	360	180																																	
<table border="0"> <tr> <td>Total Claims</td> <td>Extra Claims</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> <td>Multiple Dependent Claims</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> </tr> <tr> <td colspan="7"> - 20 or HP = _____ x _____ = _____ HP = highest number of total claims paid for, if greater than 20 </td> </tr> <tr> <td>Indep. Claims</td> <td>Extra Claims</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> <td colspan="3"></td> </tr> <tr> <td colspan="7"> - 3 or HP = _____ x _____ = _____ HP = highest number of independent claims paid for, if greater than 3 </td> </tr> </table>								Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)	- 20 or HP = _____ x _____ = _____ HP = highest number of total claims paid for, if greater than 20							Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				- 3 or HP = _____ x _____ = _____ HP = highest number of independent claims paid for, if greater than 3						
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)																													
- 20 or HP = _____ x _____ = _____ HP = highest number of total claims paid for, if greater than 20																																			
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)																																
- 3 or HP = _____ x _____ = _____ HP = highest number of independent claims paid for, if greater than 3																																			
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). <table border="0"> <tr> <td>Total Sheets</td> <td>Extra Sheets</td> <td>Number of each additional 50 or fraction thereof</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> </tr> <tr> <td colspan="5"> _____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____ </td> </tr> </table>								Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____																						
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)																															
_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____																																			
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other: _____																																			

SUBMITTED BY			
Signature	<i>Winston Hsu</i>	Registration No. (Attorney/Agent)	41,526
Name (Print/Type)	Winston Hsu	Telephone	302-729-1562
		Date	9/05/2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DATA AND CHARGE ADAPTOR FOR MOBILE DEVICE

Appl. No. : 10/605,651 Confirmation No. 2650
Applicant(s) : Chao-Hua Lin
Filed : October 15, 2003
TC/A.U. : 2683
Examiner : DOAN, KIET M
Docket No. : ACMP0143USA0
Customer No. : 27765

Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

INTRODUCTORY COMMENTS

In response to the Office action of June 06, 2005:

- 5 Listing of the Claims begins on page 2 of this paper.
Remarks/Arguments begin on page 6 of this paper.